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FIRST NAMED APPLICANT ATTY. DOCKET NO./TITLE

APPLICATION NUMBER 09/888,149

FILING DATE 06/22/2001

Peter W.J. Hinchliffe

BSMT117345

CONFIRMATION NO. 8108

OC000000010376724

Neil D Gershon Rex Medical 2023 Summer St Suite 2 Stamford, CT 06905

Date Mailed: 06/27/2003

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/07/2003.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

SHEILA A GREEN 3700 (703) 306-0410



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09/888.149	06/22/2001	Peter W.J. Hinchliffe	BSMT117345

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OC00000010376677

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Date Mailed: 06/27/2003

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 04/07/2003.

• The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

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